WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 8 1934

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

85

Do not use this space.

35788

1. PLACE OF DEATH

County Buchanan — Registration District No. [illegible] — File No.

Township — Primary Registration District No. [illegible] — Registered No. 1171

City St. Joseph (No. 6030 King Hill Ave. St. Ward)

11 5 9

2. FULL NAME James Hickey

(a) Residence, No. 6030 King Hill St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Hickey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1862

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 71 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galesburg Ill.

FATHER

13. NAME Michael Hickey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Limerick Ireland

MOTHER

15. MAIDEN NAME Hannah Constine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Limerick Ireland

17. INFORMANT (ADDRESS) Mrs Sadie Hickey 6030 King Hill Ave St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery
PLACE St Joseph Mo. DATE Dec 2 1933

19. UNDERTAKER (ADDRESS) H O Siden Jaden 1802 Union st St Joseph Mo.

20. FILED 12-1-1933 John R. Bender Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from August, 1933, to Nov. 26, 1933

I last saw him alive on Nov 26, 1933 Death is said to have occurred on the date stated above, at 5:30P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-vascular renal disease | unknown |
| 131 | |
| 71B | |
| 162 | |

Other contributory causes of importance:
Senility
Secondary anemia

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Claude S. Grant, M. D.

(Address) St. Joseph, Mo